PTO/SB/06 (12-04)

Approved for use through 7/31/2006 OMB 0651-0932

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Substitute for Form PTO-875									Афр	106/8850		
APPLICATION AS FILED - PART I (Column 1) (Column							SMALL ENTITY				OTHER THAN SMALL ENTITY	
	FOR		NUMBER FILE	D NU	NUMBER EXTRA		RATE (\$)	FEE (\$)	7	RATE (\$)	EEC (S	
BASIC FEE (37 CFR 1.16(a), (b), or (c))		(c))	N/A		N/A		N/A	1	7	N/A	FEE (\$	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		AVA		N/A		1	N/A	1	
	EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		N/A		N/A		N/A		1	N/A		
	TOTAL CLAIMS (37 CFR 1.16(i))		minus	20 =	·		x =		OR	x =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))		AIMS	minus	3 =			x =		1	х =		
FEE	PLICATION SIZE	shee is \$2 addit	ts of paper, 50 (\$125 for ional 50 she	the application r small entity) feets or fraction	drawings exceed 100 plication size fee due entity) for each fraction thereof. See and 37 CFR 1.16(s).			·				
MUL	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						N/A			N/A		
• If th	* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL			TOTAL		
	APPI	LICATION	AS AMENE	DED – PART	11		•					
	(Column 1) (Column 2) (Column 3)						SMALL ENTITY				R THAN ENTITY	
ENT A	10/11/05	CLAIMS REMAININ AFTER AMENDME	. [HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
ME	Total (37 CFR 1.16(i))	30	Minus	36	= :	×	25 =	0	OR	× 50 =		
AMENDM	Independent (37 CFR 1.16(h))	5	Minus	6	-	x	100 =		OR	× 200 =		
Ş.	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						N/A		OR	N/A		
							OTAL DD'L FEE	V	OR	TOTAL ADD'L FEE	1	
		(Column 1)		(Column 2)	(Column 3)				•			
ENT B		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATĘ (\$)	ADDI- TIONAL FEE (\$)	
$\overline{}$	Total (37 CFR 1.16())	•	Minus	**	=	×	=		OR	X =		
	Independent (37 CFR 1.16(h))	•	Minus	***	=	×						
影	Application Size Fee (37 CFR 1.16(s))								OR	X =		
٠,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						N/A		OR	N/A		
						AD	OTAL DD'L FEE		OR	TOTAL ADO'L FEE		
•••	If the "Highest N If the "Highest N	lumber Previo Iumber Previo	usly Paid For usly Paid For	IN THIS SPACE IN THIS SPACE	rite "0" in column E is less than 20, E is less than 3, e dent) is the highe	enter "2 nter "3".				· .		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.